

**Iowa Department of Human Services**  
**SECOND NOTICE OF SUPPORT DEBT AND FINDING OF FINANCIAL RESPONSIBILITY**  
**COVER LETTER**

Date:

To:

Case Number:

Responsible Parent/Obligor:

Parent/Caretaker:

The attached notice is to tell you the action the Child Support Recovery Unit (the Unit) took as a result of the conference that you requested. If you have any questions about this letter or the enclosed notice, please contact the Unit listed below.

Child Support Recovery Unit

Telephone:

Child Support Recovery Unit

**Second Notice of Support Debt and  
Finding of Financial Responsibility - Chapter 252C**

**Child Support Recovery Unit  
Iowa Department of Human Services**

Responsible Parent/Obligor: \_\_\_\_\_ Docket No. \_\_\_\_\_

Parent/Caretaker: \_\_\_\_\_ CSC No. \_\_\_\_\_

Dependents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Prepared: \_\_\_\_\_

TO: \_\_\_\_\_

You requested a conference to contest the Notice of Support Debt issued by the Child Support Recovery Unit (Unit). This notice is to inform you of the action taken as a result of your request.

**CONFERENCE HELD:** The conference was held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. As a result of this conference

- ☐ the Unit will scheduled this matter for a conference at the earliest available date and will notify you of the date, time, and location.  
☐ the action will be entirely withdrawn  
☐ the Unit will recommend that an order be filed, ordering the following:

**CURRENT SUPPORT:**

- ☐ That you pay \$\_\_\_\_\_ per \_\_\_\_\_ as an ongoing support obligation.<sup>1</sup>  
☐ The current support is reserved.<sup>2</sup>

**ACCRUED SUPPORT:**

- ☐ That you pay \$\_\_\_\_\_ for accrued support, to be paid at the rate of \$\_\_\_\_\_ per \_\_\_\_\_.<sup>3</sup>

☐ There may be arrears under the existing support orders listed in the Notice of Support Debt, but they are not at issue herein.

- ☐ The accrued support is reserved.<sup>4</sup>

**MEDICAL SUPPORT:**

☐ That you provide medical support in the form of an employment-related or group health benefit plan if it is available when the order is entered or if it becomes available later.<sup>5</sup>

- ☐ The medical support is reserved.<sup>6</sup>

☐ That you provide a health benefit plan that is accessible to the dependents because the dependents live outside the area served by the health benefit plan you now have, and because you could choose a plan the dependents can use.<sup>7</sup>

☐ If uncovered medical expenses for the child(ren) exceed \$250.00 per year for one child or \$500.00 per year for two or more children, the obligor shall pay \_\_\_\_\_ % of the excess cost as provided by the Iowa Supreme Court Guidelines.

Any caretaker or the Unit may seek current, accrued, and/or medical support by any legal method, without showing a substantial change of circumstances.

***Your Rights and Responsibilities***

If you are dissatisfied with the results of your conference with the Unit and you have not already requested a court hearing, you have the right to request one. If you wish to request a court hearing, you must send a written request to the Unit. Upon receipt of a written request, the Unit will schedule a hearing.

You must request a court hearing by the latest of the following dates:

- ***Within 30 days*** from the date of service of the Notice of Support Debt; or
- ***Within 10 days*** from the date of the conference; or
- ***Within 30 days*** of the date on the first page of this notice (date of issuance).

If you request a court hearing, you must also state in writing any objections you have to this action.

**If a request for a court hearing is not received within these time limits, the Unit will establish an order as stated in this notice.**

If an order is established, your property will be subject to collection action including, but not limited to, income withholding, garnishment, attachment of a lien, execution of a lien, income tax setoff, levy of accounts at financial institutions and any other collection action allowed by law. It is your responsibility to notify the Child Support Recovery Unit of any change in your address, employment or medical coverage.

If you have any questions, visit or telephone your local Child Support Recovery Unit or talk to an attorney.

***Waiver of Rights*** You may waive your rights and the time limits allowed to request a conference and court hearing. If you wish to waive these rights, contact the Unit. Your signature on the order will acknowledge that you were served with this notice and have waived your rights and time limits for requesting a conference and court hearing.

***Delivery of Notice***

Delivery of this notice was made on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

☐ by hand

☐ by regular mail to your last known address or the last known address of your attorney.

\_\_\_\_\_  
Child Support Recovery Unit

Phone: \_\_\_\_\_

Copy to:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<sup>1</sup> The current support is in accordance with the child support guidelines established pursuant to sections 598.21(4) and 252B.7A.

<sup>2</sup> The current support is reserved because

- ☐ the respondent is now residing in the same household as the child.
- ☐ the caretaker is not receiving FIP or Title XIX medical benefits and has requested that the support obligation not be established at this time.
- ☐ the caretaker is not receiving FIP benefits and has requested that the support obligation not be established at this time.
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

<sup>3</sup> The accrued support is in accordance with the child support guidelines established pursuant to sections 598.21(4) and 252B.7A. The accrued support debt may be extended to include any additional periods that public assistance is expended prior to entry of the order.

<sup>4</sup> The accrued support is reserved because:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

<sup>5</sup> You may be required to provide some alternative or additional medical support, including a health benefit plan other than through an employer or other group, or a dollar amount for medical support. The state reserves the right to request that other provisions be made for medical support under Iowa Code chapter 252E at a later date without the necessity of showing a change of circumstances.

<sup>6</sup> The medical support is reserved because

- ☐ the respondent is now residing in the same household as the child.
- ☐ the caretaker is not receiving FIP nor Title XIX medical benefits and has requested that the support obligation not be established at this time.
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

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<sup>7</sup> You may be required to provide some alternative or additional medical support, including a health benefit plan other than through an employer or other group, or a dollar amount for medical support. The state reserves the right to request that other provisions be made for medical support under Iowa Code chapter 252E at a later date without the necessity of showing a change of circumstances.